UNFPA
United Nations Population Fund

POPULATION

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Commission sets priorities

GREATER EMPHASIS should be given to studying internal and international migration, including refugees, population aging in industrialized and developing countries, and to training population specialists in developing countries. This, according to the concluding report of the Population Commission's 26th biennial session, which ended 7 March.

In its draft resolution to the United Nations Economic and Social Council, the Commission also advocated "women's access to all relevant professional opportunities." It further recommended that future projections of world population, prepared by the United Nations Population Division, be extended to the year 2050, and called for preparing a database on experience in integrating population issues into development planning.

The 27-member Commission recommended closer communication between the Population Division, UNFPA, regional commissions, the World Bank, and other UN and member state organizations.

UNFPA and the Population Division are providing a joint secretariat for the 1994 International Conference on Population and Development. The Executive Director of UNFPA and the Director of the Population Division will serve as Secretary-General and Deputy Secretary-General, respectively, of the conference. □

Count (on) women, or development will fail, Sadik cautions

"BECAUSE WOMEN ARE viewed as having no productive role, or at best a minimal one, they are treated as burdens, not assets," UNFPA Executive Director Nafis Sadik told a 7 March panel discussion in observance of International Women's Day, at United Nations headquarters.

"Investments are not made in their health, nutrition, education, employment, family planning, and in maternal health," Dr. Sadik added. "As a result, women suffer, but so do their families, their societies, and indeed development itself."

Social and economic development programmes run the risk of failing unless more planners and policy makers recognize that women's contributions are very often the "key to the success or failure of development," she said.

Women's contributions include being responsible for the health and welfare of their families, providing "a significant portion, often the only portion, of family income," and running the informal sector of the economy, Dr. Sadik said. And "it is women who must cope with the effects of environmental degradation and pollution on their own and their family's health, welfare and productive capacity."

"Yet still today, women's contribution goes unrecorded or, at best, misunderstood. I intend no pun when I say that in order to make women count in the Nineties, we must first count them," Dr. Sadik said, referring to "the shortage of vital quantitative and qualitative information on women."

She called for greater assistance to governments' "efforts to ensure that national data collection systems accurately document women's contribution to development." The Government of India, the world's second most populous country, has set out to do this in this year's national census, for example, with assistance from UNFPA and the United Nations Development Fund for Women (UNIFEM).

Dr. Sadik spoke at "Making Women Count in the Nineties," a panel discussion on the eve of International Women's Day. Other panelists were: Catherine O'Neill, chairperson, Women's Commission for Refugee Women and Children; Winn Newman, a labour-rights lawyer; and Geraldine Ferraro, the former United States vice-presidential candidate, who was the keynote speaker. □

UN/John Isaac

Women in Burkina Faso terrace soil to control erosion. "Women's work is an essential part of the economy of every country, though it has remained largely unrecognized," UNFPA Executive Director Nafis Sadik said on the eve of International Women's Day.

Population Day nearing

PREPARATIONS ARE under way for the second annual commemoration of World Population Day, on 11 July. The day is intended to focus worldwide attention on urgent population issues, organizers say.

UNFPA's Information and External Relations Division is producing a poster, publications, and audio-visual material which will be distributed to field offices, United Nations Information Centres, and other interested organizations.

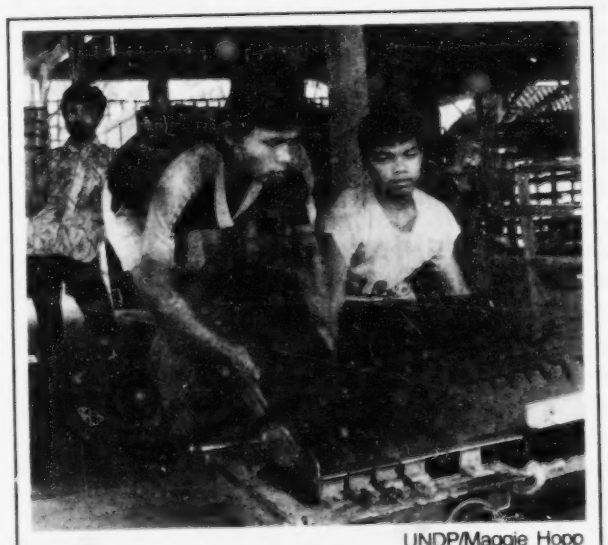
"The international community has been unanimous in its support of population programmes, and there is greater awareness now than ever before of the linkage between population and development," Executive Director Nafis Sadik wrote in a memo to Fund staff. "The overwhelming response to last year's World Population Day celebrations is evidence of the growing commitment on the part of governments, communities, and individuals to heighten awareness of population issues."

Last year, a variety of national and local events were held in more than 90 countries to mark World Population Day. □

Indonesian workers plan their families

FAMILY PLANNING IS a hit with factory workers in Indonesia, according to the findings of a project evaluation.

The contraceptive prevalence rate among eligible workers at factories covered by a UNFPA/International Labour Organization (ILO)-assisted project rose from 51 per cent to 78.9 per cent in five years, the evaluation found.



UNDP/Maggie Hopp

Workers at a brick-making factory in Solo. Following success at large and medium enterprises, programmers say they expect new projects to improve access to health and family planning services for workers in small enterprises, and their families.

Launched in 1986 and implemented by the Ministry of Manpower, the project sought to promote health and family planning services for industrial workers. It covered some 1,200 large and medium enterprises throughout the country. About 78 per cent of the companies have set up family planning units in their management; 77 per cent now provide health and family planning services at the workplace as part of collective labour agreements or under company regulations.

In an experiment, employers, workers, and the Ministry of Manpower pitched in to establish five *Gotong Royong* ("mutual help") clinics in urban slums where low-income workers and their families live. The clinics bring health and family planning services to neighbourhoods where the practise of family planning is said to be the lowest in Indonesia. The evaluation concluded that the experiment proved the feasibility of establishing and operating such clinics.

In 1988, the Ministry issued decrees requiring enterprises to provide awards or incentives to workers who have practised family planning for five consecutive years, and to provide family planning education and services to employees. The following year, the Ministry established a family planning section as part of its organizational structure.

On a wider scale, population and family welfare education has been incorporated into the curricula of vocational training institutes and at the Ministry's personnel training and education centre.

Every year since 1986, the Ministry has held a nationwide family planning competition for industries. Some 12,000 enterprises have taken part in the annual event.

The project evaluation was conducted by the independent local research organization Yayasan Kusuma Buana (YKB) two months before UNFPA/ILO assistance was phased out. Evaluation results were presented in Jakarta last December at a final tripartite project review meeting involving the Ministry of Manpower, ILO, and UNFPA. Programmers say they expect similar projects to address smaller enterprises under UNFPA's new Country Programme, as well as a project to expand the *Gotong Royong* clinic approach in urban slums. □

Senegal prepares for a première

THE GOVERNMENT OF Senegal is preparing to host a round-table conference on population, believed to be a first for Africa. Donors are expected to make commitments to Senegal's national population programme at the conference, slated for later this year.

The conference follows the unveiling of the country's Priority Action and Investment Programme for Population, which observers say made Senegal the first African country to operationalize its population policy with a national population programme. The Programme was forged with UNFPA assistance.

Senegal adopted its population policy in 1988. Its general objectives include: improving the people's quality of life; reducing mortality and morbidity rates for mothers and children through maternal and child health and family planning (MCH/FP) programmes; reducing fertility and population growth rates; valorizing regional development; and improving knowledge within the country, of population issues.

After adopting the population policy, the Government revised legislation on fiscal and social matters and set about drafting the national population programme. The programme aims to implement the population policy in 1990-94. The Government seeks to integrate its population policy objectives into Senegal's 3-year, 6-year, and 25-year development plans, programmers say.

The Priority Action and Investment Programme for Population consists of five "action programmes": MCH/FP; information, education and communication; population dynamics; special programmes; and support activities. A national seminar on the Programme was held in February 1989 with assistance from UNFPA, and in collaboration with the World Bank. □

UN/John Isaac

An outdoor market in St. Louis, Senegal.

WHO weighs population effects of health advances

THE WORLD HEALTH Organization "should pay greater attention to the potential problems of population growth," Nigerian Minister of Health Olikoye Ransome-Kuti said during the 87th session of WHO's Executive Board in Geneva. "With the extension of immunization and oral rehydration therapy, children are no longer dying in such great numbers, so that the population base is becoming broader," he added.

Ransome-Kuti's was one of a number of calls to address population growth in light of advances in basic health, made when the WHO governing body met in Geneva 14-25 January.

Sir Donald Acheson, chief medical officer of the British Department of Health, said the Executive Board's Programme Committee emphasized "the importance of ensuring the safety of contraceptives, encouraging the development of new and improved methods of fertility regulation and tailoring research activities to the requirements of individual institutions and countries."

Acheson noted that "a 30 per cent reduction in infant mortality could be achieved by increasing the interval between births to two years, especially in areas where infant mortality is exceptionally high. Considerable benefits could be derived from increasing the average age at first pregnancy, which improves the baby's birth weight, increases its prospects of survival in the first year, and decreases the risk of malnutrition."

WHO Director-General Hiroshi Nakajima and other senior staffers expressed interest in giving greater priority to population growth. They said collaboration with UNFPA and other United Nations organizations had been mutually beneficial. □

Poor can't pay for health care

"THE IDEA THAT we can recover from the world's poorest peoples a substantial portion of the costs of their own health care—particularly preventive health care—is based not in sound reasoning but in wishful thinking," says Philip Harvey, founder and director for Africa programmes at Population Services International in Washington, D.C.

"To expect the poor of developing countries to pay the full costs of their health care seems ludicrous," Harvey insists, since even the world's wealthiest societies subsidize health care for their low-income citizens.

Harvey offers his thoughts in *Studies in Family Planning*, a journal published by the Population Council.

"The quest for 'self-sufficiency' in international assistance programming has become fashionable," Harvey notes. But, he argues, self-sufficiency tends to divert health and family planning programmes away from the people who need them most: the hardest-to-reach poor.

"Low-income citizens of developing countries will always need subsidized health services, particularly in the preventive health care area and most particularly in the family planning area," he writes, "because preventive health care measures are seldom a high priority for people living near the subsistence level. Food, shelter, and curative medicine come first: survival demands it."

Harvey distinguishes cost-effectiveness, which relies on efficiency, from self-sufficiency, which "means that the consumers of a product or service pay the full financial cost of that product or service."

Self-sufficiency, he argues, "means making contraceptive services more expensive, which, in turn, means that fewer and fewer low-income consumers will be able to afford them." As evidence, he cites a recent review of selected countries by the International Science and Technology Institute, which shows that the only family planning programmes that have become self-sufficient are those that have moved from lower-income groups to economic groups who can afford the higher cost.

In his view, this diversion can be fatal for programmes: "By stressing cost recovery, programmers automatically tend to swing their attention toward consumers with high income because these are the ones who can most quickly provide movement toward self-sufficiency. This is a mistake because these people are easiest to reach." In developing countries, "the rural, low-income populations are almost always more numerous, less educated, and less convinced about family planning. Their needs should be addressed early."

"Subsidization of [social] services does constitute a developmental investment," according to Harvey. "Low-cost family planning, like disease eradication and education, strengthens both families and societies."

The investment pays off in both donor and developing countries, he adds. "It is increasingly recognized that the improved economic well-being of the [developing countries] will serve the economic interests of all: More prosperity abroad means bigger markets for everyone."

Self-sufficiency is an appropriate focus for economic assistance programmes, he concludes, but "simply does not apply" to social services like health and family planning. "For these activities we must ask: How many people are we reaching? At what cost? Do the results contribute to a more prosperous, healthier society? Happily, family planning programmes are especially susceptible to this kind of analysis. Costs per acceptor and, especially, costs per couple-year of protection can be calculated for almost all programmes, providing a very vigorous cost-effectiveness yardstick." □

Studies in Family Planning, *Vol.22 No.1, January/February 1991. Available from: Population Council, One Dag Hammarskjold Plaza, New York, NY 10017, USA. Telephone: (212) 644-1300.*

Fund draws environment plans

EXPERTS from industrialized and developing countries, non-governmental organizations, UNFPA and other United Nations agencies gathered in New York last month for a Fund-sponsored meeting on population and environment.

The 4-5 March meeting ended by adopting a statement expected to be presented by Executive Director Nafis Sadik this month in Geneva, at the second Preparatory Committee of the 1992 United Nations Conference on Environment and Development (UNCED).

The statement is based on the premise that "human activities and population dynamics are inextricably connected to environmental problems in all countries." It outlines priority areas for action; identifies key population groups who may be agents of environmental conservation or who may be most vulnerable to degradation; and strategies for integrating population considerations in national environmental and development plans.

Organizers say the importance of UNFPA's meeting is underscored by the fact that UNCED has called on agencies like UNFPA to take the lead in contributing reports, expertise, and proposals for action to the 1992 conference. □

"On your bike!" says UNFPA

THE JOB OF supervising health clinic staff and traditional birth attendants in Ghana can be an arduous one. District-level supervisors have to travel vast distances to visit clinics and traditional birth attendants in villages scattered about the countryside. At stake are the co-ordination and quality of maternal and child health and family planning (MCH/FP) services.

In February, UNFPA provided 22 motorcycles and helmets to the Ghanaian Ministry of Health. They are to be used by district-level supervisors in implementing the country's MCH/FP programme.

The motorcycles and helmets follow the handing-over of six all-terrain vehicles, and represent "part of the total commitment UNFPA has undertaken" to provide vehicles and motorcycles to the MCH/FP programme, says UNFPA Country Director Ian Howie.

Presenting the keys to the motorcycles at the Ministry of Health in Accra on 20 February, Howie appealed to the Ministry to "institutionalize an effective transport monitoring system."

Accepting the keys, Deputy Secretary of Health R. A. Ababio said the motorcycles would enable the MCH/FP programme in the country's rural areas to reach the people promptly. □

Urban China needs youth

CHINESE CITIES may be facing a shortage of young people to care for their aging populations, who in turn pose a significant health-care burden, says Zeng Yi, deputy director of Beijing University's Institute of Population Research. One way of forestalling an acute shortage of youngsters, he says, would be to devise policies to encourage them to migrate to the towns. He says results of China's in-depth fertility survey suggest one-child policies have been more successful in urban China than in the countryside.

(*Depthnews Radio*) □

A rebel to some, single mother in Uganda champions family planning

by John Atedu

ALICE PEDUN IS a strong-willed woman who lives in Namakwekwe, a working-class suburb of Mbale town in eastern Uganda. For years she worked as a receptionist at the Uganda Cement Industry in Tororo. But today she sells second-hand clothes in an open-air market just a few minutes' walk from the house where she raises her two daughters.

Alice, 35, says she finds it increasingly difficult to get salaried employment. Mbale is a small town with a few factories and as such job opportunities are not so easy to come by.

"I left school at the age of 17," she told me in a tone of regret. "My father discontinued my schooling in favour of my five step-brothers."

Many women Alice's age have the supposed security of marriage. Alice, however, has chosen to remain a single mother, bringing up her daughters, Lillian, 13, and Doreen, 5.

About a year ago, Alice founded a small group of neighbourhood women who meet every Sunday after Church to discuss issues often considered controversial: sex, pregnancy, and family planning. "We were three women when we held our first meeting, but today there are 26 of us," she explained with a smile.

Alice is conventional. She likes to dress well and never leaves her house without wearing make-up. But looks often deceive. Alice has a frankness and originality that often get her in trouble, especially with her family, who view her as a rebel. Her friends, however, say Alice is a woman of strong character.

"My parents had always assumed that I would marry and have several children," Alice explained. "My mother had eleven, and her mother had nine."

By the time Alice was 23, her sister and almost all her friends were married or were engaged. "And today, all of them have not less than five children," she observed angrily.

Alice's voice rose in irritation: "Most of us knew almost nothing about sex well enough to be comfortable among the ever-eyeing men. In fact it took me a long time to forgive my mother for not having discussed sex issues with me."

"My daughters deserve to know about these things, and I will tell them," she added.

Alice told me that young women are an important target for population programmes. "If young girls leave school early, like I did, chances are that they will end up with large families. I'm against the occurrence of such situations," she said. "Young girls should know as much as is necessary about themselves, and it is our role as parents to help them in this regard."

Alice invited me to meet her younger daughter, Doreen. She is in nursery school. It was lunch hour when we got to the school, and Doreen was waiting behind the school's locked gate. The gatekeeper opened the gate upon seeing us, and Doreen ran to embrace her mother.

"You see," Alice said, "my second child was a planned birth. The first wasn't, but none the less I love them both. What annoys me is that some of my friends still think I should marry so that my two daughters can have a father and I can get a son."

With a broad smile, Alice told me of an old man about her grandfather's age who recently proposed to marry her. "I told the man that my two daughters were enough for me, but the guy won't understand," she said.

"The truth of the matter is that I am really better off as I am with a small family and unmarried," Alice explained. "I am independent and I raise my children as I wish."

(New Vision *daily, Uganda*) □

World's largest city struggles with migrants, environmental hazards

MEXICO CITY, population 20 million, has the dubious distinction of being the world's largest city. It will come to house between 25 million and 27 million people by century's end, a new United Nations report says.

The Mexican capital is an example of what might happen to other cities in the developing world if they fail to check their rapid growth, according to *Population Growth and Policies in Mega-Cities: Mexico City*. The report is the latest in a series of mega-city profiles published by the United Nations Population Division.

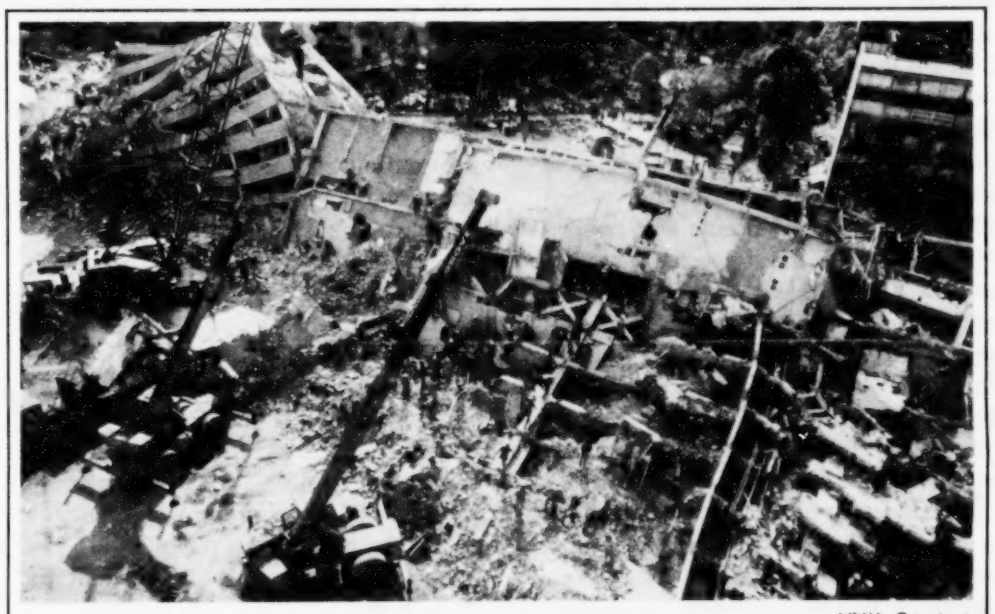
Some 500,000 migrants move to the city every year, settling in shanty towns commonly called "the urban stain." Their arrival thickens some of the world's highest population densities; fuels the city's 4.4 per cent annual growth rate; and worsens chronic environmental problems.

By 1970, the city's built-up area grew to almost seven times its size in 1940. As the "urban stain" spread, it enveloped neighbouring municipalities and thousands of hectares of farms and forest. In 1989, Mexico City's concrete expanse spanned some 1,250 square kilometres.

This rapid expansion has imposed a heavy environmental burden. Atmospheric pollution is estimated to have worsened by 150 per cent in the last 10 years. Automobile emissions are mainly blamed for this. Most of the growth in population and car ownership is taking place in areas not reached by the subway, which serves only the city centre's Federal District. Car engines produce about twice as much carbon monoxide in Mexico City's thin, high-altitude air, than in cities at lower elevations.

The water system of the high mountain valleys which cradle the city has been irreversibly damaged. The megalopolis is sinking as it draws what little water it can from the earth.

Mexico City's population long ago outstripped the city's sewage processing capacity, which was diminished by damage caused during the 1985 earthquake.



UN/J. Constant

Damage caused during the 1985 earthquake in Mexico City.

Garbage disposal has also failed to keep up. Although the city is considered clean in comparison with many mega-cities in developing countries, the report estimates at least one-quarter of the more than 10,000 tons of solid waste the city churns out every day is dumped illegally, or remains uncollected from back streets. □

Copies of Population Growth and Policies in Mega-Cities: Mexico City *are available from: Office of the Director, United Nations Population Division, Department of International Economic and Social Affairs, 2 U.N. Plaza, New York, NY 10017, USA. Telephone: (212) 963-3186. Other reports in the series include: Bangkok, Bombay, Calcutta, Cairo, Delhi, Dhaka, Jakarta, Karachi, Madras, Metro Manila, and Seoul.*

Tanzania: Making motherhood safe

by Pili Mtambalike

IT IS QUIET in the cemetery except for the soft thuds of earth filling the dead woman's grave. Her husband no longer watches.

Saidi asks: Why did Arafa, his wife of just one year, die in childbirth? Could something have been done to save her?

Arafa has become one of the 378 women who die during pregnancy or childbirth out of every 100,000 Tanzanians.

Maternal health services and improved social and working conditions for women are key to lowering Tanzania's "unacceptably high" maternal death rate, says Prime Minister and First Vice President John Malecela. At a parliamentarians' seminar on safe motherhood in January, he pleaded with men to appreciate the plight of women and to help reduce women's workload. The seminar was organized by UNFPA, with funding from the Dutch Government.

Hospital sources say haemorrhage accounts for 28 per cent of all maternal deaths in the country. Severe anaemia due to malaria and nutritional deficiencies are other causes of death. The incidence of unwanted pregnancies is high, and septic abortions also lead to death.

"Women die of infections, toxaemia, obstructed labour and eclampsia [coma and convulsions]," says Malise Kaisi, head of the department of obstetrics and gynaecology at Dar es Salaam's Muhimbili Medical Centre.

Kaisi emphasizes that raising the status of women and girls is crucial in tackling the country's scourge of maternal deaths and ill-health among women. At a safe motherhood symposium organized last December by the Medical Women's Association of Tanzania, she related health to poverty by pointing out that the three regions with the highest maternal mortality rates in the country also had the lowest household income levels, at about 15 to 25 per cent of the national average.

Adolescent or unwanted pregnancies add to the high maternal death rates. A recent study by Siriel Massawe of the Muhimbili Medical Centre showed that 23 per cent of maternal deaths occurred among women aged 15-20. The study of 221 women showed that 54.9 per cent of 13-20-year-olds were married.

National family planning programme manager Fatma Mrisho says contraceptives could reduce maternal deaths by one-third.

"Contraceptives should be used by risk groups, for instance young women and old women for whom it is risky to get pregnant, and to space children," Mrisho says.

However, Tanzanian women have been reluctant to use contraceptives. Surveys by various organizations suggest fewer than 10 per cent of Tanzanian women of childbearing age use a modern contraceptive on a regular basis.

In order to halve maternal deaths by the targeted year 2000, Kaisi proposes an integrated approach to the four essential elements for safe motherhood. She identifies these as: "redressing social inequities, ensuring access to family planning services, developing community-based maternity care, and providing skilled obstetric care at the first referral level for women with complications."

As a start, more than two thousand traditional birth attendants have been trained to deliver community-based maternity care. Problem-free pregnancy and childbirth can be attained, programmers say, and it is Tanzania's challenge to ensure that it can be achieved by every woman who wishes to have a child.

(Women's Feature Service) □

Asian legislators review issues

PARLIAMENTARIANS FROM eight Asian countries assembled in Seoul, Republic of Korea on 25-26 February, for the seventh Asian Parliamentarians' Meeting on Population and Development.

The legislators came from India, Indonesia, Japan, Malaysia, the Philippines, Republic of Korea, Singapore, and Sri Lanka. They presented and reviewed general surveys and papers on population and development issues facing their countries, as part of their efforts to implement a declaration adopted last October at the Third General Assembly of the Asian Forum of Parliamentarians on Population and Development. The "Bangkok Declaration" commits signatories to "making a direct and all-out attack on both poverty and rapid population growth." It also reaffirms their goal of achieving a 1 per cent population growth rate by century's end.

Among the meeting's prominent themes were environmental concerns, demographic changes including population aging, and the need to tailor efficient policies to striking a sustainable balance between populations and countries' development aspirations, whether they be industrialization or improved health care, for example.

Hosted by the Korean Parliamentary League on Children, Population and Development, the meeting was organized by the Asia-Pacific Development Association in collaboration with the Asian Forum of Parliamentarians on Population and Development. □

APDA

Opening session of the seventh Asian Parliamentarians' meeting on population and development in Seoul, South Korea, 25 February 1991.

PUBLICATIONS

Women: UNFPA's Special Unit for Women, Population and Development has released *African Women: A Review of UNFPA-Supported Women, Population and Development Projects in Gabon, Guinea-Bissau, Zaire, and Zambia 1987-1990*. The report, one in a series of such reviews, compiles the observations of three outside consultants who reviewed selected UNFPA-supported women's projects in countries whose populations range in size from an estimated 1 million people in Guinea-Bissau, to 36 million Zaireans; whose annual population growth rates vary from 2.1 per cent in Guinea-Bissau, to 3.8 per cent in Zambia; and where total fertility rates range from 3.9 in Gabon to 5.1 in Zambia. A project to improve the status of Gabon's rural women is reviewed, as are a project which provides family health training to Guinea-Bissau's *Union Democratique des Femmes*; a project in Zaire aimed at raising the importance and role of women in development; and the Zambian family health programme. For more information, contact: Special Unit for Women, Population and Development, UNFPA, 220 East 42nd Street, New York, NY 10017, USA. Telephone: (212) 297-5141.

Violence: In June 1988, Isis International Women's Information and Communication Service began a survey of violence against women in Latin America and the Caribbean, with support from the United Nations Development Fund for Women (UNIFEM). The project surveyed and categorized the forms of violence against women in the region, and identified the activities, groups, and institutions working to stop the violence. The project's experience and findings are presented in *Violence Against Women in Latin America and the Caribbean: Information and Policies*. The three volumes include a final report, a directory of 109 programmes dealing with violence against women, and a bibliography on the subject. The bibliography is published in English and Spanish; the other volumes in Spanish only. For more information, contact: Isis International, Casilla 2067, Correo Central, Santiago, Chile.

Cities: The Asian Urban Information Center of Kobe, which was established in 1989 by the Japanese city of Kobe in co-operation with UNFPA, has spent the past two years surveying Asian cities. The Center's *Report on the Asian Urban Enquiry 1989-90* compiles questionnaire responses from local authorities in 128 cities in eight countries. The report presents statistical profiles of the cities as well as local officials' views on municipal and urban-population trends and problems. For more information, contact: Asian Urban Information Center of Kobe, 18th floor, Kobe Shoko Boeki Center Building, 5-1-14, Hamabe-dori, Chuo-ku, Kobe 651, Japan. Telephone: (078) 252-0896. Fax: (078) 252-0877.

Salas: *The Great Way* "seeks to give through the words of some of his friends and colleagues, some sense of Rafael M. Salas the man and of his legacy." So write the Editorial Committee of this memorial volume, published by the Japanese Organization for International Co-operation in Family Planning (JOICFP). The cloth-bound volume contains tributes from international and national dignitaries, academicians, and other friends. Salas was UNFPA's first Executive Director. He held the position until his death in 1987. Available from: Information and External Relations Division, UNFPA, 220 East 42nd Street, New York, NY 10017, USA. Telephone: (212) 297-5026. □

NEWS IN BRIEF

OFFICIALS

The National Family Planning Co-ordinating Board of Indonesia (BKKBN) is to hold a one-week course for high-level policy-making family planning and health officials. "Planning and Managing a National Family Planning Programme: The Indonesian Experience—A Course for Policy-Makers" is to be held 8-17 May in Jakarta and in field sites around the country. It is intended to cover: the history and philosophy of Indonesia's family planning programme; its various operational components; integration with health and other development programmes; and recent efforts toward increased privatization of family planning services. For more information, contact: Programme Co-ordinator, International Training Programme, BKKBN, Jl. M.T. Haryono, P.O. Box 1186, Jakarta 10011, Indonesia. Telephone: 62-21-819-1307. Fax: 62-21-799-3492.

INFORMATION

Population information must be made readily available to all who need it, says the Committee on Population and Social Development of the United Nations Economic and Social Commission for Asia and the Pacific (ESCAP). Such information—available in the form of census results, civil registration, and survey or other research findings—is needed not only by government officials, policy planners and academics, but by the public at large. Population information, according to the Committee, is a basic resource and an essential component in autonomous national development. (*Depthnews Radio*)

APPOINTMENT

Atiqur Khan has been designated acting chief of the Maternal and Child Health/Family Planning Branch of UNFPA's Technical and Evaluation Division. Dr. Khan's appointment took effect on 4 March.

JOICFP

Population Clock II—*The new population clock, which was commissioned by UNFPA, displays past, current, and future estimates of global population as well as the population of 164 individual countries. It replaces the 1987 version with updated figures based on the 1990 revisions of the United Nations Population Division's medium-variant (most likely) estimates and projections. It is intended more as an educational tool than as a precision instrument. The clock pictured here displays estimates of world and Japanese population at 11:07 a.m. on 3 October 1990. Clocks are being presented to the heads of state or government of 164 countries.*

GABRIEL KHABBAZ

Gabriel Khabbaz, UNFPA Senior Evaluation Officer, died on 1 March in Paris.

Khabbaz, from France, joined the Fund in 1988 as Senior Evaluation Officer, having served a number of organizations in various countries. One such organization was the United Nations Educational, Scientific and Cultural Organization (UNESCO), where he served as Population Programme Specialist from 1977 until 1984.

Friends and colleagues attended a 12 March memorial service at the Church Centre for the United Nations, in New York. □

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Editor: Alex Marshall

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Information and External
Relations Division
United Nations Population Fund
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New York, NY 10017 USA
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The State of World Population 1991

Report stresses high stakes in meeting targets

THE COST OF meeting international targets in fertility and family planning will double in the next ten years. But the costs of missing them will be far higher, according to this year's State of World Population report from UNFPA.

The principal target is to increase the number of couples in developing countries using modern, voluntary family planning methods from 381 million in 1990 to 567 million by century's end, a net increase of about 50 per cent.

During this period, about 2 billion men and women would choose to plan their families for the first time or would move from one method of contraception to another, the report states.

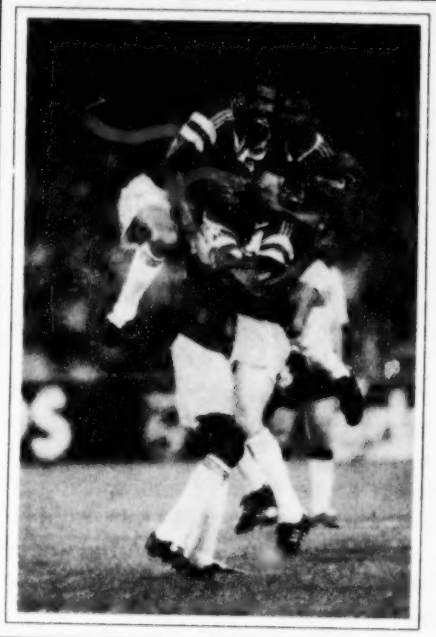
Funding for population programmes must raise from US$ 4.5 billion (thousand million) in 1990 to US$ 9 billion by the year 2000 if the goal is to be achieved, the report states. Currently, the bulk of the US$ 4.5 billion for population programmes comes from developing countries themselves, with international assistance adding about US$ 675 million.

The targets are based on the United Nations "medium variant" (or most likely) projection for future population growth. Keeping on this track assumes that world population will rise from 5.4 billion in mid-1991 to 6.4 billion by 2001 and to 8.5 billion by 2025. This last figure has just been revised upwards by 38 million, "a small but significant increase," the report says.

The medium projection implies that total fertility—the average number of children women will have during their lifetime—will fall from 3.8 to 3.3 between now and the end of the century. The main route to lower fertility, says the report, is voluntary contraception.

"The urgency of meeting the targets is further underscored by the extent of urban growth; the extent of environmental damage; the impending food crisis in many developing countries; the extent of infant and maternal mortality; the number of girls out of school; the continuing low status of women; and the mounting pressures of migration within and between countries," says the report.

There are signs of hope, according to the report: "Compared with any previous generation women are saying that they want fewer children; although actual fertility is much higher than 'wanted' fertility in many countries, it is now falling in all regions of the developing world. In some countries it has fallen very rapidly. The voluntary use of contraception in developing countries has grown from 10 per cent of couples in the 1960s to 51 per cent today."



The Cameroooon national football team says:

"Family planning makes everyone a winner – fathers, mothers and children."

STATE OF WORLD POPULATION 1991

The report points out the importance of strong programmes: "The experience of the last 20 years shows that strong, well-managed family planning programmes are highly effective. . . . they have achieved smaller family size, healthier mothers and children and more balanced rates of population growth in developing countries in many different parts of the world and in a wide variety of social and economic settings."

"Family planning is far more than merely contraception," the report adds. "It is part of an environment in which everyone has opportunities and choices. Building these opportunities begins at birth, and depends among other things on the position of girls and women in their societies. Higher status of women brings more ability to choose; where the choice is available, women will take advantage of it."

"Countries which have achieved lower fertility despite modest economic performance share an attitude to development which emphasizes participation and community involvement," the report continues. "They emphasize equality between girls and boys in education and health care, and the full participation of women in society. Men are encouraged to play a full and responsible part in family planning."

Better family planning programmes are not the responsibility of one group of countries or individuals, the report concludes. "As an essential part of the mechanism of development, responsibility for family planning belongs to everyone. The future depends on it." □

More State of World Population report coverage appears on page 3.

Environment: call for UNFPA assistance

DELEGATES ATTENDING last month's Preparatory Committee meeting for the 1992 United Nations Conference on Environment and Development (UNCED) voiced concern over the environmental impact of population growth. They called on UNFPA to continue to provide guidance in pinpointing population issues and the ways in which these cut across environmental, social, and economic concerns, according to Paul Shaw, UNFPA's representative at the meeting.

The help will take the form of research, advice, and operational guidance to countries and regional groups, in drawing up technical papers for the 1992 conference, Shaw said.

Louise Lassonde, a Fund staffer on loan to UNCED, will help to "identify organizations, efforts, and meetings requiring UNFPA's special attention," he added.

The call for continued UNFPA assistance followed a speech by Executive Director Nafis Sadik, who addressed the meeting in Geneva on 3 April.

"It is impossible to discuss a sustainable common future without reference to the integrity of the environment and the natural resource base," Dr. Sadik said. "The debate will be meaningless if population is ushered to the sidelines. Population issues are central to the search for sustainability." Dr. Sadik was referring to the absence of population as a distinct agenda item to be discussed at the 1992 conference.

Dr. Sadik said that after the first Preparatory Committee meeting for the environment conference in August 1990, UNFPA was swamped with inquiries from governments and non-governmental organizations in both industrialized and developing countries, asking why the Committee "did not spend more time on population-environment linkages."

As a result, UNFPA convened a special expert group meeting to discuss population in the "UNCED context," she added. "We invited experts on agriculture and forests, atmosphere, oceans, national conservation strategies, energy issues, economics and demographic planning. They produced a consensus document on the links between population and environment."

The report recommended increasing national capacities in environment analysis and population planning, among other things.

Dr. Sadik told the meeting that the "top billion," or richest of the roughly 5.4 billion people on Earth, contribute to environmental degradation through higher per capita resource consumption and through large-scale use of polluting technologies. At the other end of the scale, the "bottom billion," the poorest people, are driven by their growing numbers and poverty to use marginal resources faster than they can be replenished.

UNCED's third Preparatory Committee meeting is slated for August in Geneva. □

Agencies join forces for kids

THREE AGENCIES WILL work together in Latin American and the Caribbean to implement the declaration of last year's World Summit for Children, according to UNFPA regional director Kerstin Trone.

Regional directors from the Pan-American Health Organization, the United Nations Children's Fund, and UNFPA met in Washington, D.C. on 25-26 March.

According to Trone, "we concluded that we indeed have common mandates in the area of health for women, children, and adolescents."

The agencies sealed their agreement to join forces in a memorandum of collaboration, copies of which are being shared with the agencies' representatives in the countries involved.

The triad also agreed on a work plan for the first year of collaboration. It includes convening a "technical sub-group" charged with drawing up guidelines for national plans for maternal, child, and adolescent health. □

READEX FICHE

Pakistan: New life for an old pioneer?

PAKISTAN WILL HAVE to reinvent its population programme if it is to rein in the country's "alarming" population growth, according to the findings of a high-level programme appraisal mission.

The five-person mission visited Pakistan in March at the government's request. It was led by Haryono Suyono, head of Indonesia's National Family Planning Co-ordinating Board, and by Saad Raheem Sheikh, chief of UNFPA's Asia and Pacific division.

In a report submitted to the Pakistani government late last month, the mission outlined broad changes needed for the country to reinvigorate a moribund population programme that dates back to 1955. The changes could enable Pakistan to capitalize, at last, on its reputation as a pioneer in population activities among Asian countries, Sheikh told *Population*.

The changes include discarding the programme's single-purpose, vertical approach in favour of one in which all government ministries and provincial governments would share responsibility for implementing a comprehensive national population programme. The country's hospitals are administered by four provincial governments.

In turn, the population programme would identify problems and solutions in areas such as health, education, employment, agriculture, environment, urban services, migration, and the role and status of women, rather than simply calling for a reduction in population growth.

Under the new approach, the role of the nascent Ministry of Population Welfare would be to guide policy, co-ordinate programme work, and monitor implementation throughout the country, Sheikh said.

Next, non-governmental organizations (NGOs) and the private sector would be brought into the programme. Sheikh noted that the government recently revived the defunct national NGO co-ordinating council and set up a population activities board to allocate funds to NGOs as well as government agencies.

"Now is the best time to do what's needed," Sheikh said. "There is a lot of awareness of the serious population problems facing Pakistan."

There is much at stake. By government estimates, for instance, over 40 per cent of all births in Pakistan are considered "high risk"; birth intervals are too short, mothers are too young or too old, and are having too many babies. According to a 1989 report by the National Institute for Population Studies, "If these high risk births could be eliminated through proper timing and spacing of births, the infant mortality rate could be reduced by 20 to 25 per cent. This would save 110,000 infant lives per year, or about 300 babies each day."

The country's population is growing at an annual rate of 3.1 per cent. At this pitch, the number of Pakistanis is likely to swell to around 160 million by century's end, from about 120 million today, according to United Nations projections.

Four out of every ten Pakistanis are younger than 15, the government estimates. Fifty-two per cent are aged 15 to 64. In consequence, there are only 1.2 persons of working age for each child less than 15 years old. "As the country develops socially and economically, a high child-dependency ratio strains the resources of individual households" as well as the national coffers, the national population institute report said.

The country's cities are growing at a yearly average of 4 per cent, government figures say, straining insufficient municipal facilities and resources. According to the 1980 housing census, between 30 and 40 per cent of all urban households lacked basic facilities: electricity, piped water, and toilets.

Government projections show the "potentially profound" impact of strong population programmes. The southern port city of Karachi is home to some 8 million people. In 30 years, it could grow to 30 million people. The lowest population projection, one which assumes an active and effective population programme, sees Karachi housing 22 million people by 2020. The difference between high and low projections is 8 million people—Karachi's current size.

Observers say a lack of political commitment impeded progress in population programming in the world's ninth most populous country. Sheikh said politicians and civil servants in the capital, Islamabad, and the three provinces visited by the mission now seemed more convinced about the need to move decisively. He attributed this to Executive Director Nafis Sadik's efforts to goad politicians into action. Over the past two years, Dr. Sadik met prime ministers Benazir Bhutto and Mian Nawaz Sharif, and President Ghulam Ishaq Khan. □

D. Hinrichsen

Nepalese women trek for fuelwood.

Nepal: Climbing mountains to count people

TOPOGRAPHY MEETS demography in the Himalayan kingdom of Nepal next month, when the country sets out on its decennial census.

More than 25,000 census takers, many of them primary school teachers, are expected to fan out across the country's peaks and valleys starting 22 June—just before the monsoons. Large portions of the country become impassable during the heavy rains.

For the first time in Nepal, enumerators will collect information on ethnicity, in addition to the usual questions on family size, education, and occupation.

The national tally's results will be used to redraw the boundaries of parliamentary constituencies following general elections slated for this month. The current boundaries have stood since 1959. Under Nepal's new constitution, parliamentary seats will be distributed on the basis of population density to ensure equality of representation.

Census findings will also be used by the country's planning commission to draw its next five-year development plan, which it says will be "more people-oriented," and which will stress "basic needs programmes at the grassroots."

The census is being co-ordinated by the Central Bureau of Statistics, with assistance from UNFPA and the United Nations Development Programme. Nepal's 1981 census counted 14 million people. Population-watchers expect this year's census to find 20 million. □

India defies global sex trend

EARLY RESULTS FROM India's latest head-count confirm warnings that the country's female population is in comparative decline, contrary to trends worldwide. The census was conducted in March.

There are now some 929 women to every 1,000 men in India, according to *Census of India 1991 Provisional Population Totals*, a government report. In 1901, when India was a British colony, there were 972 women to every 1,000 men; by 1931, the number had fallen to 950.

Preference for male children and the consequent neglect of baby girls has much to do with the dwindling proportion of Indian women, the census report says.

The census counted 844 million Indians—nine million fewer than estimated by the United Nations last year, but 161 million more than there were when the last census was taken ten years ago. Indians now account for an estimated 16 per cent of all humans.

Inter Press Service correspondent Mahesh Uniyal adds: The census shows efforts to defuse India's population bomb have met some success, but nothing can prevent India from joining China in the billion-plus population league by the end of the 1990s.

India's population growth rate has dropped for the first time in 50 years, from an average 2.4 per cent annually during the 1970s to 2.3 per cent during the 1980s. But UNFPA says the figure will not fall to the balanced 1.1 per cent rate targeted by planners for the year 2001.

UNFPA Country Director Tevia Abrams said: "This may happen only after 2025, when the country's population programmes begin to show results. Given the current trend of growth, even a dramatic fall in population increase will not keep the country from crossing the one billion mark by the year 2000."

India's population will therefore swell on a base which continues to increase despite the reported marginal downturn. □

UNFPA/Abid Aslam

UNFPA Executive Director Nafis Sadik (left) and Population Council President George Zeidenstein after signing memorandum.

UNFPA, Population Council seal relationship

UNFPA AND THE Population Council have formally agreed to work more closely.

A memorandum of understanding commits the two organizations to exploring new ways of collaborating in country, regional, interregional and global activities. The document also calls on the agencies to jointly "improve project and programme evaluation and the utilization of its results."

The Population Council executes a number of Fund projects in various countries. In the future, it will "assist UNFPA wherever possible by making its licensees and networks available for the procurement of contraceptive supplies," according to the agreement.

"When requested, UNFPA and the Population Council will identify resource persons, and if possible release staff, to participate in each other's activities," the agreement states.

The New York-headquartered Population Council is a leading international non-governmental organization providing scientific and professional services in support of international population activities. Its activities include developing and introducing new contraceptives including the Copper T-380A intra-uterine device and the contraceptive implant NORPLANT ®.

In its own words, the memorandum of understanding "aims at promoting efficiency and effectiveness in programmes and optimizing the use of limited resources." It was signed at UNFPA headquarters in New York by Executive Director Nafis Sadik and Population Council President George Zeidenstein on 26 March.

Copies of the memorandum are being distributed to the two organizations' field offices. □

The State of World Population 1991

USSR: Larissa's pregnant again

Offering a wide range of contraceptive methods is the key to successful family planning programmes, according to the 1991 State of World Population report, published this month. But, as PETER O'NEILL found out, shortages of contraceptives in the Soviet Union force some 12 million Soviet women to have abortions every year.

LARISSA VERBITSKAYA lives in a suburb east of Moscow. She shares a two-bedroom flat with her husband and two daughters, Galya, aged six and Ira, three.

Qualified as a construction engineer, Larissa lectures at an institute in Moscow. Her husband works in the same field. Both are well aware of the importance of contraception.

"I don't want to have any more children," says Larissa. "But finding suitable contraception is a real problem." She feels that sterilization is not an option for her at the moment—her children are still young and, at 33, so is she.

Oral contraceptive pills are not an option for Larissa either. They have a bad reputation throughout Eastern Europe and are believed to cause breast cancer and high blood pressure. This is partly due to the fact that the only pills available are the high-dosage, high-hormone variety long rejected on health grounds by women in the West. The pills are imported from Poland and Hungary.

"I did use oral contraceptives for four or five years," Larissa recalls. "But I did not feel good in myself. The local doctor advised me to use an IUD, but I could not find one in any of the pharmacies."

Even if she had found one it probably would have been a poor quality, plastic model likely to cause infection.

It's not just contraceptives that are hard to find. Doctors who are prepared to even discuss different methods of contraception are few and far between. "Usually, they don't like to waste time," says Larissa. Most often their advice is 'use a condom.'"

The advice does not always help. Larissa explains: "Last summer I had an enormous problem trying to find condoms in Moscow. And in the country village where we spent our summer holidays I could find no contraceptives at all."

At least Larissa and her husband are prepared to use condoms. Many Soviet people will not even consider them—partly due to their poor quality.

Organizations like UNFPA, however, have been trying to increase the supply to the USSR of high-quality contraceptives made in the Far East. But in the public mind condoms are still "galoshes"—clumsy, crude, thick rubber appliances.

Black-market supplies of Western condoms exist—but they are prohibitively expensive even for "middle-level," educated Soviets like Larissa and her husband.

For young people the situation is much worse. According to a study conducted by sociologist Larissa Remenik, up to two-thirds of the 15- and 16-year-olds in Leningrad have had sex. But they received virtually no sex education about personal relationships, contraception, or venereal disease.

As a result, young women are most likely to resort to abortion. A young woman's first abortion may be one of many, leading to chronic complications and infertility. It can also ruin her sex life.

According to Archil Khomassurdze, a doctor and pioneer provider of free advice and modern contraception, 50 per cent of the women he sees have completely lost their sex drive due to the trauma of repeated abortions. "Sex has become like a chore, like having to get down and scrub the floor."

Jorgen Schytte

Larissa and many other Soviet women want sex education at school and well-organized family planning services.

With only 17 per cent of the Soviet Union's sexually active population using any form of contraceptive—including withdrawal or rhythm methods—the task of making family planning easily available to all is going to be formidable.

But the costs of not doing so will carry on being borne by women like Larissa who came back from her condom-less holiday to find that she was pregnant again.

"We had tried to use the rhythm [calendar] method, but it failed. After a month back in Moscow the doctor said 'You're five weeks pregnant. You need an abortion.' So I had one." □

Real men use contraception

Men are now an important target audience for family planning services, says the 1991 State of World Population report. But many men are still prejudiced against using condoms. In Ghana, AJOA YEBOAH-AFARI learns why one man changed his views and became a keen advocate of male contraception.

WHEN FRANCIS KOFI AMOAH and his bride decided to wait a year or two before starting a family, his friends laughed at him. But he stood firm. Behind the decision were two personal experiences: that of growing up as one of nine children, and that of fathering an unplanned baby.

Kofi remembers how his parents struggled to provide for their children: "Having put the older children through school, my parents found it increasingly difficult to care for the rest. We older children had to look after the younger ones as soon as we were out of school and earning."

His second experience came when he was a polytechnic student and made his girlfriend pregnant. The pregnancy forced her to drop out of college. After the birth of their daughter, she was unable to go back to school. They drifted apart.

Kofi, now 29, has his regrets: "She used to talk to me about the need for contraception, but I refused to listen to her. We used no contraceptives at all. It was only after she became pregnant that I realized that she had been right."

Kofi married another woman three years ago. By the time the couple set their marriage date, he had become a family planning enthusiast and a founding member of his local Daddies Club, one in a network of family planning support groups introduced in 1980 by the Planned Parenthood Association of Ghana (PPAG).

The couple decided to delay starting a family. Kofi's friends teased him, and asked what he would do if eventually he and his wife found they couldn't have a baby. Undaunted, the couple stuck to their plan, relying on condoms and contraceptive foaming tablets.

"Of course I had a prejudice against using condoms initially, like many Ghanaian men. But I got used to it," Kofi explains. "After all, there's no reason why a man should put the responsibility for contraception on the woman."

Two years into their marriage, they decided to start a family. "Because we waited until my wife was ready for it, she was very fit during pregnancy and delivered the baby without any problems," Kofi says.

The friends who had teased him were silenced. Now it was Kofi's turn to laugh at them, for another reason: "During the time before the baby came, I was able to save some money and buy household items. So we had one problem less than other couples who had the care of a baby, or babies, to budget for. They started coming to me to ask how I was able to manage so well."

Now when couples who didn't plan their families "look around and compare their children with those of parents who didn't have so many, they see that those others are better educated and do better in life than their own," Kofi says. "Now all the village people recognize that it is quality not quantity that counts, and they embrace family planning." □

Worried Grenada sets up council

GRENADA ESTABLISHED a National Population Council in March, amid what the local press characterized as "worry about the rate of its population growth."

The Council is made up of senior officials from the government, non-governmental organizations (NGOs), churches, trades unions, youth groups, and representatives of the private sector. It will oversee the work of the government's National Population Unit.

The "brain drain" induced by external migration, high unemployment, low wages for women, and teenage pregnancy are anticipated to be the Council's most prominent preoccupations, at least initially.

"Population planning as traditionally practised and conceived has tended to be too narrow and short-sighted," National Population Co-ordinator Desmond A. John said at a 4 March ceremony to mark the Council's birth. "It has been intimately identified with family planning programmes because of its focus on population quantity through fertility reduction. It is only in recent years that population planning has begun to be understood more appropriately within the context of human resource development."

About 36 per cent of all Grenadians are younger than 15, and about 46 per cent are under 20 years old, John said, adding that some 21.8 per cent of annual births are to teenage mothers. The realities behind these figures include pressure on the state to provide sufficient education, health care, and jobs. The booming growth in the numbers of youth, coupled with the flight of skilled workers, make for a high dependency ratio: for every 100 working Grenadians, there are another 83 dependents.

The average Grenadian woman bears 3.5 children during her reproductive years, John said, reaffirming the government's goal of lowering the average fertility rate to 2.1 children per child-bearing woman.

In his keynote speech, Finance and Planning Minister George Brizan said development planning hinged on accurate demographic statistics, also one of the Council's concerns. Government figures count about 100,000 Grenadians; United Nations estimates put the total number of Grenadians at about 85,000.

Brizan told the official gathering that "a special chapter on population will be included in Grenada's five-year national development plan." □

Jane Turner

Mongolia chooses birth spacing to save mothers, infants

IN MANY PARTS of Mongolia, "birth intervals are too short. Mothers die from anaemia, and from complications such as heart and liver disease," according to Minister of Health Pagbajabyn Nymadawa. "This is preventable when we use contraception."

The Mongolian government is embracing family planning in a bid to "reduce infant and maternal mortality without too dramatically reducing population growth," Nymadawa explained.

"In the past five years, we have changed our demographic policy," he said. "Earlier, we sought to increase population growth by encouraging a high birth rate. That was because our population of under 2 million people was considered very small in comparison to our country's land area."

But with 140 mothers and 65 infants dying for every 100,000 live births despite the existence of "a relatively good health infrastructure," the government was convinced that birth spacing was needed urgently, Nymadawa said.

Mongolia has 27 physicians, 95 "middle-level health personnel," and between 110 and 120 hospital beds for every 10,000 people, he added.

Nymadawa met with senior staffers at UNFPA headquarters on 17 April to discuss the country's first safe motherhood conference, to be held in the capital, Ulaanbaatar, in August. Executive Director Nafis Sadik is expected to attend the conference.

Also discussed were preparations for the first country programme of assistance to the Mongolian People's Republic, slated to go before UNFPA's Governing Council next year. A team assembled by the Fund is currently in Mongolia to review ongoing activities and to help formulate the new programme.

At present, UNFPA collaborates with the government in maternal and child health, data collection and analysis, and contraceptive supply projects. The minister estimated about 50 per cent of the intra-uterine devices being used by Mongolian women were supplied by the Fund. "I think we need to collaborate more closely," he added.

Health service delivery is hampered by a widely scattered population and by problems in getting supplies.

"It is difficult to reach rural populations spread over vast territories," he explained. There is the "dramatic" task of keeping up with a large population of semi-nomadic animal herders. By the minister's reckoning, one in five Mongolians follows a herd to four seasonal pastures. Transport and communication become especially arduous during winter, when roads in the country's mountainous north become impassable.

Finding drugs and equipment can be exacting in a country that imports 90 per cent of its health supplies. "Our supplies have come mainly from the Soviet Union and Eastern Europe, countries which now have their own difficulties," he said. "Now we need to change our partners."

Nymadawa spoke with *Population* correspondent Abid Aslam. □

UNFPA/Abid Aslam

Mongolian health minister Pagbajabyn Nymadawa: "I think we need to collaborate more closely."

NEWS IN BRIEF

THANKS

President Soeharto of Indonesia thanked UNFPA for its role in supporting last year's national census. Credit for the head-count's success should be given to "the firm determination and serious efforts of the entire Indonesian people," President Soeharto said in a message to Executive Director Nafis Sadik. "In this context, we highly appreciate the valuable contribution provided by the UNFPA in carrying out the census process. We hope that the excellent and mutually beneficial relationship between Indonesia and the UNFPA can be maintained and further strengthened in the future." One observer, Terence Hull of the Australian National University, describes the 1990 census as "the most thorough population count to date in the most populous country of Southeast Asia."

REFUGEES

There were some 30 million political refugees throughout the world at the end of the 1980s, according to the latest calculations of the United Nations High Commissioner for Refugees. The annual number of petitions for asylum in member countries of the Organization for Economic Co-operation and Development rose from 25,000 in 1973 to 500,000 last year, according to an official of the refugee agency who added that the number of asylum-seekers is doubling every year. Most of them are from Eastern and Central Europe and the developing countries. (IPS)

CONGRESS

"Health, Environment, and Lifestyle" is to be the theme of the International Union of Local Authorities' 30th World Congress, to be held in Oslo, Norway, on 23-27 June. "One of the aims of the Congress is to bring about an improved coordination of international, national and local initiatives with regard to the protection of the environment," says IULA Secretary-General Jacek Zapasnik. "Another is to focus on what local authorities themselves can do in putting into effect the slogan 'Think Globally—Act Locally.'" For more information, contact: IULA, P.O.Box 90646, 2509 LP The Hague, Netherlands. Telephone: 31-70-3244032. Fax: 31-70-3246916.

OVERHAUL

Development aid is in need of a fundamental reassessment to help raise it out of its current crisis, according to participants in a recent conference on culture and development organized by the Finnish International Development Agency (FINNIDA). Thierry G. Verhalst, keynote speaker and senior project officer at *Broederlijk Delen*, Belgium's development agency, said many development projects had failed because they did not understand social and cultural conditions in developing countries. Ricardo Grassi of the Italy-based information network SIC said the weakness of North-South cultural communication was epitomized by the inability of the North even to adequately characterize the developing world. "They call it the 'Third World,' and when they find that insufficient they call it 'the so-called Third World,'" Grassi said. Helena Allahwerdi of the Finnish United Nations Association added that the hierarchical nature of development aid efforts should also be tackled. "You can't administer cultural understanding, just as you can't administer economic growth," she said. (IPS)

CENSUS

12 May is "Census Day" in Guyana. By this date, enumerators plan to have completed a month of interviews resulting in the country's first population count in 11 years. Preparation of a final census report is expected to take one year. Guyana's population is estimated by the United Nations to be about 796,000. UNFPA is assisting the government operation.

CONFERENCE

The Demographic and Health Surveys World Conference is to be held in Washington, D.C. on 5-7 August. Organizers say the conference is open to "all persons interested in current research in the fields of international population and health." Papers will be presented under these broad themes: demographic trends in the past decade, components of demographic and health patterns, and policy issues for the 1990s. Simultaneous interpretation will be offered in English, French, and Spanish. The Demographic and Health Surveys (DHS) is a nine-year project to assist government and private agencies in developing countries to conduct national sample surveys on population and health. It is funded by the United States Agency for International Development and administered by the Institute for Resource Development. For more information, contact: DHS World Conference, Institute for Resource Development, 8850 Stanford Boulevard, Suite 4000, Columbia, MD 21045, USA. Telephone: (301) 290-2800. Fax: (301) 290-2999.

ACADEME

The Population Research Laboratory at the University of Southern California's Department of Sociology has announced the following: (1) A "Population Research and Policy Program" on 1 July - 16 August 1991, including courses in methods of population and ecological analysis, population trends, computer applications, and fertility control policies. (2) A Master of Science degree in Sociology (Applied Demography). (3) A Master of Public Administration with Specialization in Population Policy. (4) Doctorates with Population Specialization in the Economics and Sociology departments. For more information, contact: Maurice D. Van Arsdol, Jr., Director, Population Research Laboratory, 3716 S. Hope Street, Room 385, Los Angeles, CA 90007-4377, USA. Telephone: (213) 743-2950. Fax: (213) 743-7408.

POLITICIANS

Seven women parliamentarians in Uganda on 29 March formed an "action-oriented group" to involve more women in national development. The seven pledged to address and refine traditional and cultural beliefs to form a cohesive force in society and to devise new ways and means of reaching and mobilizing women at household level. They announced the setting up of their group at a national seminar on "Women and Health." (IPS)

MIDWIVES

5 May is the International Day of the Midwife. The theme of this year's commemoration is "Toward Safe Birth for all by the Year 2000." For more information, contact: The International Confederation of Midwives, 10 Barley Mow Passage, Chiswick, London W4 4PH, UK. Telephone: 081-994-6477.

"Condomizing" Carnival

"BE WISE, CONDOMIZE" Carnival revellers in Trinidad and Tobago were told. The message was emblazoned on t-shirts, posters, and billboards when the Caribbean country celebrated the festival in February.

"Education First, Sex Later, AIDS Never," read another poster commissioned by the Caribbean Epidemiology Centre (CAREC).

Still more advertisements implored people to collect free condoms at clinics run by the national family planning association.

The AIDS (Acquired Immune Deficiency Syndrome) epidemic is one of two reasons for the messages, officials say. The other is the annual baby boom nine months after Carnival.

CAREC says 423 of the country's 648 registered persons with AIDS died between 1982 and last November. Forty-four babies were born with the disease. □

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Information and External
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